

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

| | | | | | | | |
|---------------------|-----------------|----------------|-----------------|-------|--------------------------------------|------------------------|-----------------|
| Attorney Docket No. | 16869N-091900US | First Inventor | HONDA, Masanori | Title | METHOD AND SYSTEM FOR JOB MANAGEMENT | Express Mail Label No. | EV 346924291 US |
|---------------------|-----------------|----------------|-----------------|-------|--------------------------------------|------------------------|-----------------|

APPLICATION ELEMENTS

See MPFP chapter 600 concerning design patent application contents.

ADDRESS TO

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

7. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ paper number of pages

c. ☐ Statements verifying identity of above copies

PTO

21906 IL S

ACCOMPANYING APPLICATIONS PARTS


| | | |
|-----|-------------------------------------|---|
| 9. | <input type="checkbox"/> | Assignment Papers (cover sheet & document(s)) |
| 10. | <input type="checkbox"/> | 37 CFR 3.73(b) Statement (when there is an assignee) |
| | <input type="checkbox"/> | Power of Attorney |
| 11. | <input type="checkbox"/> | English Translation Document (if applicable) |
| 12. | <input type="checkbox"/> | Information Disclosure Statement (IDS)/PTO-1449 |
| | <input type="checkbox"/> | Copies of IDS Citations |
| 13. | <input type="checkbox"/> | Preliminary Amendment |
| 14. | <input checked="" type="checkbox"/> | Return Receipt Postcard (MPEP 503) |
| 15. | <input type="checkbox"/> | Certified Copy of Priority Document(s) (Should be specifically itemized) |
| 16. | <input type="checkbox"/> | (If foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 |
| 17. | <input type="checkbox"/> | Other: or its equivalent (b)(2)(B)(i). Applicant must attach form PTO/SB/35 |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Prior application information: ☐ Continuation ☐ Divisional ☐ Examiner ☐ Continuation-in-part (CIP) or prior application No: _____ Art Unit: _____

19. CORRESPONDENCE ADDRESS

| | | | | | |
|---|--|-----------|--|---|--|
| <input checked="" type="checkbox"/> Customer Number | | 20350 | | <input type="checkbox"/> Correspondence address below | |
| Name | | Address | | | |
| City | | State | | | |
| Country | | Zip Code | | | |
| | | Fax | | | |
| | | Telephone | | | |

| | | | |
|-------------------|--|-----------------------------------|-----------------|
| Name (Print/Type) | Robert C. Colwell | Registration No. (Attorney/Agent) | 27,431 |
| Signature |  | | Date |
| | | | August 26, 2003 |

This collection of information is required by 37 CFR 1.53(g). The information is required to obtain or retain a benefit by the public which is to file (and pay) a fee to the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450. 60026125 v1

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEE TRANSMITTAL

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1086

| | |
|----------------------|-----------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | HONDA, Masanori |
| Examiner Name | |
| Art Unit | |
| Attorney Docket No. | 16869N-091900US |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

Deposit Account:

20-1430

Deposit Account Number

Townsend and Townsend and Crew LLP

Deposit Account Name

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

| Fee | Code (\$) | Fee | Code (\$) | Fee Description |
|--------------|-----------|-----|-----------|------------------------|
| Large Entity | 1001 | 750 | 2001 | Utility filing fee |
| Small Entity | 1002 | 330 | 2002 | Design filing fee |
| | 1003 | 520 | 2003 | Plant filing fee |
| | 1004 | 750 | 2004 | Reissue filing fee |
| | 1005 | 160 | 2005 | Provisional filing fee |

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Fee | Code (\$) | Fee | Code (\$) | Fee Description |
|--------------|-----------|-----|-----------|---------------------------------------|
| Large Entity | 1201 | 84 | 2201 | Independent claims in excess of 3 |
| Small Entity | 1202 | 18 | 2202 | Claims in excess of 20 |
| | 1203 | 280 | 2203 | Multiple dependent claim, if not paid |
| | 1204 | 84 | 2204 | Reissue independent claims |
| | 1205 | 18 | 2205 | Reissue claims in excess of 20 |

| Large Entity | Small Entity | Fee | Code (\$) | Fee Description |
|--|--------------|-----------|-----------|--|
| 205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent |
| 204 | 84 | 2204 | 42 | ** Reissue independent claims over original patent |
| 203 | 280 | 2203 | 140 | Multiple dependent claim, if not paid |
| 201 | 84 | 2201 | 42 | Independent claims in excess of 3 |
| 202 | 18 | 2202 | 9 | Claims in excess of 20 |
| Code (\$) | Fee | Code (\$) | Fee | |
| SUBTOTAL (2) (\$336) | | | | |
| Or number previously paid, if greater; For Reissues, see above | | | | |